PRINTED: 05/20/2021 FORM APPROVED

## Division of Health Care Facilities

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  833 SHANNONDALE WAY MARYVILLE HEALTH CARE CEN'  MARYVILLE, TN 37883  [MA) ID PRETTY  (EACH EXPORTERING MUST SE ERRECEDED BY FULL)  TAG  N 000  Initial Comments  An investigation of complaint TN00054036 was conducted on \$113/2021 - \$6118/2021 at Shannondale of Maryville Health Care Center. No health deficiencies were cited in relation to the complaint under Chapter 1200-9-8, Standards for Nursing Homes.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  803 SHANNONDALE WAY MARYVILLE, TN 37803  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  N 000 Initial Comments  N 000  An investigation of complaint TN00054036 was conducted on 5/13/2021 - 5/18/2021 at Shannondale of Maryville Health Care Center. No health deficiencies were cited in relation to the complaint under Chapter 1200-8-6, Standards for			TN0506		B. WING				
SHANNONDALE OF MARYVILLE HEALTH CARE CEN  MARYVILLE, TN 37803  (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  N 000  Initial Comments  N 000  An investigation of complaint TN00054036 was conducted on 5/13/2021 - 5/18/2021 at Shannondale of Maryville Health Care Center. No health deficiencies were cited in relation to the complaint under Chapter 1200-8-6, Standards for	170000								
X4)   ID   REFIX TAG   SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   N 000   Initial Comments   N 000   N 00	803 SHANNONDALE WAY								
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  N 000  Initial Comments  An investigation of complaint TN00054036 was conducted on 5/13/2021 - 5/18/2021 at Shannondale of Maryville Health Care Center. No health deficiencies were cited in relation to the complaint under Chapter 1200-8-6, Standards for	MARYVILLE, TN 37803								
An investigation of complaint TN00054036 was conducted on 5/13/2021 - 5/18/2021 at Shannondale of Maryville Health Care Center. No health deficiencies were cited in relation to the complaint under Chapter 1200-8-6, Standards for	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PREFIX	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI	EACH CORRECTIVE ACTION SHOULD BE COMPLÉTE COSS-REFERENCED TO THE APPROPRIATE  DATE		
conducted on 5/13/2021 - 5/18/2021 at Shannondale of Maryville Health Care Center. No health deficiencies were cited in relation to the complaint under Chapter 1200-8-6, Standards for	N 000	Initial Comments			N 000				
		conducted on 5/13/20 Shannondale of Mary health deficiencies we complaint under Chap	021 - 5/18/2021 at vville Health Care Cente ere cited in relation to th	er. No ne					

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE